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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| UA-color-left-med | | | | | | | | | **Request for Special Travel Authorization**  **(For CES employees only)** | | | | | | | | TRAV-213  2-9-2016 | |
|  | | | | | | | | | | | | | | | | | | |
| Date: | |  | | | | | | | |  | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| Name of Traveler: | | | |  | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| This is to request approval for a special travel authorization in order to increase the daily allowance for lodging on: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | to | |  | At a rate of $ | | | |  | | | Per night |
| *(Dates of Lodging)* | | | | | | | | | | |  | | | | *(Rate of Lodging)* | | |  |
|  | | | | | | | | | | | | | | | | | | |
| Name of Hotel: | | |  | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Name of Meeting: | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| City/State Meeting Held: | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Specific Reason(s) for this request: | | | | | | | | |  | | | | | | | | | |
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| Approvals | | | | |  | | | | | | | | | |  |  | | |
|  | | | | |  | | | | | | |  | | |  | | | |
| Applicant’s Signature: | | | | |  | | | | | | | Headquarters: | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| Title |  | | | | | | | | | | | | | | Date: |  | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | |  | | | |
| Supervisor’s Signature: | | | | |  | | | | | | | | | | Date: |  | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | |  | | | |
| Travel Administrator: | | | | |  | | | | | | | | | | Date: |  | | |
|  | | | | |  | | | | | | | | | |  |  | | |
| Who to contact for questions: | | | | | | |  | | | | | | | |  |  | | |
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